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DATE: April 20, 2006
PTO IDENTIFIER: Application Number 10/532223 Patent Number
Inventor: David Cladingboel
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Application Number	10/532223		
Filing Date	April 6, 2005		
First Named Inventor	David Cladingboel		
Art Unit	1615		
Examiner Name	Not Yet Assigned		
Attorney Docket Number	100854-1P US		

			y Bookst Hamber			
I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith. OR X I hereby appoint the practitioners associated with the Customer Number: 52286						
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Address 19	900 Market Street					
City Pl	hiladelphia					
	SA	State	PA		Zip 1	9103 3508
	215) 665-6914			Fax (215)	665-20	13
				[](2.10)		
I am the	9:					
Applicant/Inventor.						
X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature						
Name	KEVIN BIK					
Date	I	2 April 2006	Teleph			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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Applicant/Patent Owner:	David Cladingboel						
Application No:	10/532223	Filed:	April 6, 2005				
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AstraZene	eca AB , a		Corporation ion, partnership, university, government agency, etc.)				
(Name of Assignee)	(Ту	oe of Assignee, e.g., corporat	ion, partnership, university, government agency, etc.)				
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2. an assignee of le	ess than the entire right, title	and interest.					
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The undersigned (whose ti	tle is supplied below) is author	orized to act on beha	If of the assignee.				
	tilles soll	<u>)2</u>	2 April 2006				
	Signature		Date				
	KEVIN BILL						
	ed or Typed Name		Telephone Number				
Authoriza	ed Signer for Assignee						
Title: taled	Mectar, CV						